## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden,]

SECTION 1 - General Information	1														
Name and Mailing Address of Respondent Garden Valley Telephone Company P. O. Box 259 Erskine, MN 56535												Check here if this is a change of address.			
Year Report Filed     2018		3. Reporting Period Co	vered by Rep		зу		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.  Fewer than 16 (complete Sections I, IV, and V only) b.  16 or more (complete all sections)								
SECTION II - Full-Time Employe	es.														
Job Categories								nber of Emplo oyees in only o		)					
								Race/Ethnicity	'						
		Hispanic or						Not-Hispanic or Latino							Total
	La	itino			Ma	ile					Fen		Columns A - N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	А	В	С	D	E	F	G	н	1	J	К	L	M	N	0
Executive/Senior Level Officials and Managers	1		4						1						5
First/Mid-Level Officials and 1. Managers	2		6						3						9
Professionals	2								1						1
Technicians	3		2						1						3
Sales Workers	4								3						3
Administrative Support Workers	5		2						18						20
Craft Workers	6		29												29
Operatives	7		4												4
Laborers and Helpers	8		2												2
Service Workers	9		2												2
TOTAL	10 0	0	51	0	0	0	0	0	27	0	0	0	0	0	78
PREVIOUS YEAR TOTAL	11 0	0	51	0	0	0	0	0	26	0	0	0	0	0	77

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Revised December 2007

SECTION III - Part-Time Employ	/ees.	Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	F	Hispanic or Latino		Not-Hispanic or Latino												
				Male								Female				
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1 - 1	
	Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	.1														0	
First/Mid-Level Officials and Managers 1	.2												<		0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5								6						6	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	6	0	0	0	0	0	6	
PREVIOUS YEAR TOTAL	11 0	0	0	0	0	0	0	0	9	0	0	0	0	0	9	
SECTION IV - Report of Discri	mination C	omplaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90,168, 10	1.4, and 10 <sup>-</sup>	1,311.									
This is to advise the company before ar This is to advise the (Attach a list indica	ıy body havi e Commissi	ng competent jur on that the follow	isdiction in su ing complaint	ch matters du s alleging viol	iring the calend ations of the pi	lar year cover covisions of a	ered by this re any equal emp	port. Sloyment oppo	rtunity statut	e have been f	iled against th	is company.				
SECTION V - Certification																
		wledge, information, and belief, all statements in this report are true and correct.  ped or Printed Name of Person Signing Signature Telephone No.														
		inkman	151							(218) 687-2400						
Title of Person Signing CEO/General Mana	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATION				